**Gilfillan ‘Wired In’ Drop-in Volunteer Application form**

**Title:**

**Full Name:**

**Date of Birth:**

**Address, including Postcode:**

**Email Address:**

**Phone Number:**

**Male/ Female/ Other/ Prefer Not to Say**:

**What interests you about volunteering at the** Gilfillan ‘Wired In’ Drop-in Volunteer?

**Do you have any skills or experience that may be relevant to the type of volunteering you are interested in?**

**How many hours a week would you like to volunteer?**

**What days and times are you available?**

**Referee Information**

***Reference 2***

**Name:**

**Capacity in which they know you:**

**Email:**

**Telephone:**

***Reference 1***

**Name:**

**Capacity in which they know you:**

**Email:**

**Telephone:**

**Privacy Statement**

Please see the attached GDPR Privacy Notice: **this must be completed and returned with this form.** The GDPR Policy is also attached for your reference.

**Please send the completed forms to:**

**Gladness Cole Volunteer Development Coordinator, Bethany Christian Trust, 65 Bonnington Road, Edinburgh, EH6 5JQ or via email to: volunteers@bethanychristiantrust.com**